11000073218

(Requestor's Name)					
(Requestor's Name)					
(Addross)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:10/08/2024					
Name: Cheyanne Davis					
Reference #: 2521703					
Entity Name: LEADING EDGE LEADERSHIP GROUP, LLC					
Articles of Incorporation/Authorization to Transact Business					
☐ Amendment					
Change of Agent					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
Other					
Authorized Amount: \$25.00					
Signature:					

F: 800.944.6607

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		(b.	n)
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	June 23, 2011		L11000073218
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	HENDERSON, BRIAN		
. (,	Registered Agent and Registered Office shown on the records o	f the Florida	a Dept. of State;
	13323 W HILLSBOROUGH AVE, 104		
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	<u> </u>
	TAMPA	133635	5
(b)	COGENCY GLOBAL INC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	dress:
	115 North Calhoun St., Suite 4		20°
	NEW Registered Office Address:		2024 OCT
	Tallahassee F	_{L_} 32301	\sim
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co of the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	per to		Jacob S. Lehtio
_	ture of a months or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act e performo led for in C I hereby co	t in this capacity. I further agree to comply with the tance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
	ichael Carlisle		

Michael Carlisle, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent